

**STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR  
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

June 30, 2016

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with  
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004



REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:	-	-
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	-	-
4.1 Cash (Schedule A Line 0399999, Page NY 8)	15,736,831	15,353,516
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	-
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	15,736,831	15,353,516
5. Premiums receivable (Schedule C, NY 10)	333,762	46,866
6. Other invested assets	-	-
7. Receivable for securities	-	-
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	16,070,593	15,400,382
10. Investment income due and accrued	-	-
11. Reinsurance:	-	13,034
11.1 Amounts recoverable from reinsurers	-	-
11.2 Funds held by or deposited with reinsured companies	-	-
11.3 Other amounts receivable under reinsurance contracts	-	-
12.1 Current federal income tax recoverable and interest thereon	-	-
12.2 Net deferred tax asset	-	-
13. Electronic data processing equipment and software	-	-
14. Furniture and equipment, including health care delivery assets	-	-
15. Health care and other amounts receivable	-	-
16. Aggregate write-in for other than invested assets	6,757,507	6,740,506
17. Total Assets(Lines 9 to 16)	22,828,100	22,153,922
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____	-	-
0802. _____	-	-
0802. _____	-	-
0804. _____	-	-
0805. _____	-	-
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. Restricted Cash	6,214,556	6,213,006
1602. Ancillary Benefits Receivable	-	-
1603. Excellus BCBS Prepaid Claims (Advance Deposit)	527,500	527,500
1604. Prepaid Expenses	15,451	-
1605. _____	-	-
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,757,507	6,740,506

\* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1 Total	2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,835,935	3,631,889
2 Premiums received in advance	328,181	243,894
3 General expenses due or accrued	-	-
4.1 Current federal income tax payable and interest thereon	-	-
4.2 Net deferred tax liability	-	-
5 Ceded reinsurance premiums payable	-	-
6 Amounts withheld or retained for the account of others	-	-
7 Borrowed money and interest thereon	-	-
8 Payable for securities	-	-
9 Funds held under reinsurance treaties	-	-
10 Aggregate write-ins for other liabilities	11,528	8,983
11 Accounts payable (Schedule G, NY12)	496,601	441,190
12 Claim stabilization reserve	-	-
13 Unearned premiums	-	-
14 Loans and notes payable	-	-
15 Aggregate write-ins for current liabilities	-	-
16 Total liabilities (Lines 1 to 15)	4,672,245	4,325,956
17 Aggregate write-ins for special surplus funds	2,563,287	2,563,287
18 Gross paid-in and contributed surplus	-	-
19 Unassigned funds (surplus)	13,672,994	13,385,311
20 Surplus notes	-	-
21 Surplus per Section 4706(a)(5) **	1,919,574	1,879,368
22 Total capital and surplus (Lines 17 to 21)	18,155,855	17,827,966
23 Total liabilities, capital, and surplus (Lines 16 + 22)	22,828,100	22,153,922
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits Premiums	11,528	8,983
1002. _____	-	-
1003. _____	-	-
1004. _____	-	-
1005. _____	-	-
1098. Summary of remaining write-ins for item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	11,528	8,983
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. _____	-	-
1502. _____	-	-
1503. _____	-	-
1504. _____	-	-
1505. _____	-	-
1598. Summary of remaining write-ins for item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	1,050,000	1,050,000
1702. Rate Stabilization Reserve	1,513,287	1,513,287
1703. _____	-	-
1704. _____	-	-
1705. _____	-	-
1798. Summary of remaining write-ins for item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	2,563,287	2,563,287

\* As reported on Prior Year End filed Annual Statement.

\*\* Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	30,328	30,176	60,335	XXX	XXX
2. Net premium income:					
2.1 Basic	14,848,689	14,514,417	29,043,537	489.60	481.37
2.2 Drugs	4,347,054	4,279,277	8,543,816	143.33	141.61
2.3 Total	19,195,743	18,793,694	37,587,353	632.94	622.98
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.2 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues					
Investment	7,546	6,293	13,526	0.25	0.22
Non-health revenues	66,044	62,743	128,523	XXX	XXX
7. Total revenues (Items 2 to 6)	19,269,333	18,862,730	37,729,402	635.36	625.33
Hospital and Medical:					
8. Hospital/medical benefits	12,525,427	10,563,421	20,922,952	413.00	346.78
9. Other professional services	-	-	-	-	-
10. Outside referrals	-	-	-	-	-
11. Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	5,183,305	4,083,695	7,827,453	170.91	129.73
13. Aggregate write-ins for other hospital and medical	-	-	-	-	-
14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses	126,590	120,048	475,047	4.17	7.87
16. Subtotal (Lines 8 to 15)	17,835,322	14,767,164	29,225,452	588.08	484.39
Less:					
17. Net reinsurance recoveries	571	-	185,043	0.02	3.07
18. Total hospital and medical (Lines 16-17)	17,834,751	14,767,164	29,040,409	588.06	481.32
19. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
20. General administrative expenses					
20.1 Compensation	36,980	32,847	61,511	1.22	1.02
20.2 Interest expense	-	-	-	-	-
20.3 Occupancy, depreciation, and amortization	-	-	-	-	-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees	55,090	72,603	101,789	1.82	1.69
20.6 Administration Fees	520,760	496,288	997,391	17.17	16.53
20.7 Consulting Fees	28,022	45,451	69,941	0.92	1.16
20.8 Aggregate write-ins for other administrative expenses	398,615	275,404	670,240	13.14	11.11
20.9 Total administrative expenses	1,039,467	922,593	1,900,872	34.27	31.51
21. Increase in reserves for A&H contracts	-	-	-	-	-
22. Total underwriting deductions (Lines 18 to 21)	18,874,217	15,689,757	30,941,281	622.34	512.82
23. Net underwriting gain or (loss) (Lines 7 - 22)	395,116	3,172,973	6,788,121	13.03	112.51
24. Net investment income earned	-	-	-	-	-
25. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
26. Net investment gains or (losses) (Lines 24 + 25)	-	-	-	-	-
27. Aggregate write-ins for other income or expenses	(67,226)	(63,862)	(129,696)	(2.22)	(2.15)
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	327,890	3,109,111	6,658,425	10.81	110.36
29. Federal income taxes incurred	-	-	-	-	-
30. Net income (loss) (Lines 28 - 29)	327,890	3,109,111	6,658,425	10.81	110.36
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. _____	-	-	-	-	-
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1301. _____	-	-	-	-	-
1302. _____	-	-	-	-	-
1303. _____	-	-	-	-	-
1304. _____	-	-	-	-	-
1305. _____	-	-	-	-	-
1398. Summary of remaining write-ins for Item 13 from overflow page	-	-	-	-	-
1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, Item 13)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
1501. NYS Graduate Medical Education Tax	129,275	119,094	237,221	4.26	3.93
1502. ACA Traditional Reinsurance Fee	-	-	221,320	-	3.67
1503. Flu Clinics	-	-	6,075	-	0.10
1504. Patient Care Outcomes Research Institution Fee (PCORI)	-	-	10,431	-	0.17
1505. ITS Supplemental Fee	(2,685)	954	-	(0.09)	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-	-	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, Item 15)	126,590	120,048	475,047	4	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.801. Insurance (Directors & Officers, Professional Liability)	15,451	14,080	28,160	0.51	0.47
20.802. Stop Loss Premiums	383,164	261,324	642,080	12.63	10.64
20.803. _____	-	-	-	-	-
20.804. _____	-	-	-	-	-
20.805. _____	-	-	-	-	-
20.898. Summary of remaining write-ins for Item 20.8 from overflow page	-	-	-	-	-
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	398,615	275,404	670,240	13	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2701. Miscellaneous Expenses	(3,017)	(2,399)	(3,164)	(0.10)	(0.05)
2702. Insured Ancillary Benefits Expense	(65,950)	(62,651)	(126,532)	(2.17)	(2.10)
2703. Other Income	1,741	1,188	-	0.06	-
2704. _____	-	-	-	-	-
2705. _____	-	-	-	-	-
2798. Summary of remaining write-ins for Item 27 from overflow page	-	-	-	-	-
2799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)	(67,226)	(63,862)	(129,696)	(2)	(2)

\* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
31. Capital and surplus prior reporting year	17,827,966	10,900,699
32. Net income or (loss) from Line 30	327,890	6,658,425
33. Change in valuation basis of aggregate policy and claim reserve	-	-
34. Change in net unrealized capital gains and losses less capital gains tax	-	-
35. Change in net deferred income tax	-	-
36. Change in nonadmitted assets	-	-
37. Change in unauthorized reinsurance	-	-
38. Change in surplus notes	-	-
39. Cumulative effect of changes in accounting principles	-	-
40. Capital Changes	-	-
40.1 Paid in	-	-
40.2 Transferred to surplus	-	-
41. Surplus adjustments:	-	-
41.1 Paid in	-	-
41.2 Transferred from capital	-	-
42. Dividends to participating municipal corporations (or school districts)	-	-
43. Change in surplus per Section 4706(a)(5)	40,205	76,203
44. Change in retained earnings/fund balance	(40,206)	(1,441,711)
45. Interest on surplus notes	-	-
46. Aggregate write-ins for changes in other net worth items	-	1,634,350
47. Aggregate write-ins for gains or (losses) in surplus	-	-
48. Net change in capital and surplus (Lines 32 to 47)	327,889	6,927,267
49. Capital and surplus end of reporting period (Line31 + 48)**	18,155,855	17,827,966
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional Needed for 12% IBNR	\$ -	\$ (322,039)
4602. Additional in Catastrophic Claims Reserve	-	443,102
4603. Additional in Rate Stabilization Reserve	-	1,513,287
4604.	-	-
4605.	-	-
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	1,634,350
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701.	\$ -	\$ -
4702.	-	-
4703.	-	-
4704.	-	-
4705.	-	-
4798. Summary of remaining write-ins for Item 47 from overflow page	-	-
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	-

\* As reported on Prior Year End filed Annual Statement.  
\*\* Must agree with Page NY 3 Line 22



GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)?

Yes ☐ No ☒

b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services?

Date: N/A

i) If "approved", when was the filing request approved?

Date: N/A

Date: N/A

Date: N/A

Date: N/A

ii) If not "approved" yet, what is the status of the filing request and the status date?

Date: N/A

Date: N/A

Date: N/A

Date: N/A

c) If "Yes", attach current copies of the documents if they have not been previously submitted.

2. a) State as of what date the latest financial examination of the MCHBP was made or is being made.

Date: 12/31/15

b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.

Date: 12/31/15

3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?

Yes ☐ No ☒

b) If "Yes", give particulars:

4. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes ☐ No ☒

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes ☐ No ☒

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond?

Yes ☒ No ☐

b) If "Yes", give name of surety company, and amount of coverage:

The Consortium Treasurer and the Consortium Assistant to the Treasurer are both covered by the County of Tompkins Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to \$2,000,000 maximum.

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date?

Yes ☒ No ☐

b) If "No", give location:

No stocks, bonds, or other securities owned by the Consortium at this time.

7. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☒ No ☐

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
No stocks owned at this time	N/A

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A	N/A	N/A

8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof?

Yes ☐ No ☒

b) If "No", state who has the authority:

N/A

9. a) Has any present or former officer, director or any other person or firm any claim of any nature whatsoever against the MCHBP which is not included in the financial statements?

Yes ☐ No ☒

b) If "Yes", give details:

N/A

10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period?

Yes ☐ No ☒

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

N/A

GENERAL INTERROGATORIES (Continued)

11. a)

What is the percentage that the MCHBP uses for its claims payable reserve?

12%

b)

Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes [ ] No [X]

c)

If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [X] No [ ]

d)

If c) is "Yes", answer the following:  
i) When was the request filed with the Department of Financial Services?  
ii) When was the request approved?  
iii) If approved, please attach a copy of the approval letter.

Date: 11/08/13  
Date: N/A

12. a)

Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?

Yes [X] No [ ]

b)

If No, give details:  
N/A

13. a)

Was the MCHBP's prior year's annual statement amended?

Yes [X] No [X]

b)

If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile  
i) Amendment number No. 1  
ii) Date of amendment 8/12/2016

14.

Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes [X] No [ ]

15. a)

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

None

b)

List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
N/A	

16. a)

Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?

Yes [ ] No [X]

b)

If a) is "Yes", provide the following:  
i) Anticipated date of distribution.  
ii) Anticipated amount of distribution.

Date: N/A  
N/A

17. a)

Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?

Yes [X] No [ ]

b)

If a) is "Yes", answer the following:  
i) When was the request filed with the Department of Financial Services?  
ii) When was the request approved?  
iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.

Date: 03/18/15  
Date: 03/18/15 - letter not a

c)

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:  
This information was submitted as part of our application process to the state and was approved at that time  
A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10

18. a)

Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes [X] No [ ]

b)

If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes [ ] No [ ]

c)

If b) is "Yes", answer the following  
i) When was the request filed with the Department of Financial Services?  
ii) When was the request approved?  
iii) If approved, please attach a copy of the approval letter.

Date:   
Date:

d)

If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a)

Has the MCHBP changed its CPA since the last Annual Statement filing?

Yes [ ] No [X]

i)

If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))?

Yes [ ] No [ ]

ii)

If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:

iii)

Name

iv)

Address

v)

Telephone Number

vi)

Email Address



SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust Company	XXX	XXX	0.095	XXX	XXX	5,997		15,736,831
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	5,997	-	15,736,831
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	5,997	-	15,736,831
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 5,997	\$ -	\$ 15,736,831
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								





## SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
ns Cortland Community College	307,502	18,008	8,252		-	\$ 333,762
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Individually Listed Receivables	307,502	18,008	8,252	-	-	333,762
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	307,502	18,008	8,252	-	-	333,762
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					-	333,762

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A  Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	2,730,276	11,495,806	-	3,813,288	2,730,276	3,170,639	440,363
2. Drug Claims	(1,945)	5,102,527	-	22,647	(1,945)	481,250	463,195
3. Other	-	-	-	-	-	-	-
4. TOTAL	2,728,331	16,598,333	-	3,835,935	2,728,331	3,631,889	903,558

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2





The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	17	20	20		

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,294	2,306	2,321		

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	15,046	15,175	15,168		

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	20
2. Number of enrolled members	2,321
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	38,391,486
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	1,919,574
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,879,368
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,919,574

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806.				xxx	xxx
0807.				xxx	xxx
0808.				xxx	xxx
0809.				xxx	xxx
0810.				xxx	xxx
0898. TOTALS (Items 0806 thru 0810)	-	-	-	xxx	xxx
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606.				xxx	xxx
1607.				xxx	xxx
1608.				xxx	xxx
1609.				xxx	xxx
1610.				xxx	xxx
1698. TOTALS (Items 1606 thru 1610)	-	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES					
1006.				xxx	xxx
1007.				xxx	xxx
1008.				xxx	xxx
1009.				xxx	xxx
1010.				xxx	xxx
1098. TOTALS (Items 1006 thru 1010)	-	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES					
1506.				xxx	xxx
1507.				xxx	xxx
1508.				xxx	xxx
1509.				xxx	xxx
1510.				xxx	xxx
1598. TOTALS (Items 1506 thru 1510)	-	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				xxx	xxx
1707.				xxx	xxx
1708.				xxx	xxx
1709.				xxx	xxx
1710.				xxx	xxx
1798. TOTALS (Items 1706 thru 1710)	-	-	-	xxx	xxx
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406.				-	-
0407.				-	-
0408.				-	-
0409.				-	-
0410.				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1306.				-	-
1307.				-	-
1308.				-	-
1309.				-	-
1310.				-	-
1398. TOTALS (Items 1306 thru 1310)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
1506.				-	-
1507.				-	-
1508.				-	-
1509.				-	-
1510.				-	-
1598. TOTALS (Items 1506 thru 1510)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.806.				-	-
20.807.				-	-
20.808.				-	-
20.809.				-	-
20.810.				-	-
20.898. TOTALS (Items 20.806 thru 20.810)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2706.				-	-
2707.				-	-
2708.				-	-
2709.				-	-
2710.				-	-
2798. TOTALS (Items 2706 thru 2710)	-	-	-	-	-

\* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS		
	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4606.		
4607.		
4608.		
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)		
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4706.		
4707.		
4708.		
4709.		
4710.		
4798. TOTALS (Items 4706 thru 4710)		

\* As reported on Prior Year End filed Annual Statement.